

TRANSACTIONS

OF THE

NEW YORK SURGICAL SOCIETY.

Stated Meeting Held April 8, 1908.

The President, DR. JOSEPH A. BLAKE, in the Chair.

STRANGULATED FEMORAL HERNIA; RESECTION OF INTESTINE.

DR. IRVING S. HAYNES presented a woman of 40, who was admitted to the hospital on March 3, 1908. She had had eight full-term pregnancies and one miscarriage. About nine years ago she had had an attack of pain for a few hours in the lower part of the abdomen, more pronounced on the right side, and extending up toward the epigastrium. A second similar attack was felt some years later.

Her present attack, which began 25 hours prior to her admission to the hospital, came on suddenly with vomiting and pain in the right lower quadrant of the abdomen. The bowels were constipated. Her pulse on admission was 84; temperature, 99.4. Her condition was apparently so favorable that Dr. Haynes said he was not informed of her admission, and he did not see her until the following morning. Her pulse at that time was 72; temperature, 98.6. She complained of cramp-like pains in the epigastrium, and at long intervals raised some gas. She had on three or four occasions vomited a greenish fluid; her bowels had not moved.

Examination showed a small, hard, slightly sensitive femoral hernia, as large as an English walnut. An immediate operation was done, and through a two and a half inch incision a black loop of intestine was disclosed, three inches in length. There was no omentum in the sac. The constriction at Gimbernat's ligament was freely divided, and hot applications used for a quarter of an

hour. As the intestine remained black and lustreless, it was resected and an end-to-end anastomosis made with a double row of stitches. Three kangaroo tendon sutures were used to unite Poupart's ligament to the pectineal fascia and ligament. The bowels were opened on the second day by an ox-gall enema. The patient was out of bed on the twelfth day, and left the hospital on March 24.

PROLAPSE OF RECTUM; BLOODLESS RESECTION.

DR. IRVING S. HAYNES presented an Italian boy, ten years old, who was operated on March 19, 1908, for a prolapse of the rectum which had existed for seven years. At each defecation, about an inch of the rectum protruded. There was slight bleeding. The prolapse could be easily replaced and caused him no pain. The bowels were regular, and there was no history of constipation.

Upon examination, the sphincter was found relaxed, and the anus dilated and patulous. There was a superficial fissure in the anterior border of the anus; no ulceration of the mucous membrane. The rectum was cleansed and packed. The prolapsed section of the bowel was easily drawn outside of the anus for a distance of about three inches, and its base, half an inch from the anus, was ligated by overlapping but not interlocking ligatures passed by a round needle. For this purpose, No. 2 ten-day chromic gut was employed. The distal portion of the prolapse was excised to within a quarter of an inch of the ligature lines, and the cut edges whipped over with a button-hole stitch of Pagenstecher thread. On withdrawing the rectal tampon, the suture line immediately retracted above the anus.

A plug of gauze, three-quarters of an inch in diameter, with a quarter-inch rubber tube for a core, and covered externally by rubber tissue was fastened in place, and extended a short distance above the line of resection.

The boy made no complaint of pain or discomfort after the operation. His bowels moved spontaneously on the fourth day and expelled the plug, which was not replaced. At no time was there any bleeding. When he left the hospital, on March 27, there was a slight induration along the line of resection, but no contraction whatever. As to size, the rectum seemed perfectly normal.